

RECEIVED

JUN 15 2020

BY MAIL

COLETTE EFFIE-JILL
(WETTLING) FORD

UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

Complaint for a Civil Case

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

(to be assigned by Clerk of District Court)

Plaintiff requests trial by jury:



Yes



No

v.

FAMILY SERVICES (FEDERAL)

(Write the full name of each defendant. The caption must include the names of all of the parties. Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

CIVIL COMPLAINT

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepaying fees or costs.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	COLETTE EFFIE-JILL (WETTING) FORD
Street Address	21008 N. ROSEGARDEN AVE #207
City and County	PHOENIX, MARICOPA
State and Zip Code	ARIZONA 85027
Telephone Number	480-228-6217
E-mail Address	jill168ford2007@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	FAMILY SERVICES DIVISION
Job or Title	
Street Address	3101 CHOUTEAU AVE.
City and County	ST. LOUIS , ST LOUIS CITY
State and Zip Code	MISSOURI , 63103
Telephone Number	314-256-7000
E-mail Address	

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant. If you are suing for violation of your civil rights, you must state whether you are suing each defendant in an official capacity, individual capacity, or both.)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the information for this case. *(Include all information that applies to your case)*

A. Federal question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. Suit against the Federal Government, a federal official, or federal agency

List the federal officials or federal agencies involved, if any.

FAMILY SERVICES IN ST LOUIS

C. Diversity of Citizenship

These are cases in which a citizen of one State sues a citizen of another State or nation, and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

1. The Plaintiff(s)

The plaintiff, (name) Colette E.J.W. Ford, is a citizen of the
State of (name) ARIZONA.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

If the defendant is an individual

The defendant, (name) _____, is a citizen
of the State of (name) _____ Or is a citizen
of (foreign nation) _____.

If the defendant is a corporation

The defendant, (name) _____ FAMILY SERVICES _____.
is incorporated under the laws of the State of (name)
_____ MISSOURI _____, and has its principal place of
business in the State of (name) _____ MISSOURI _____ Or
is incorporated under the laws of the State of (foreign nation)
_____, and has its principal place
of business in (name) _____ FAMILY SERVICES _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy----the amount the plaintiff(s) claims the defendant(s) owes or the amount at stake----is more than \$75,000, not counting interest and costs of court, because *(explain)*:

IT INVOLVES PERSONAL INJURY, PHYSICAL AND MENTAL AND
LIFE LONG HEALTH ISSUES.

III. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

That I Colette E. J.W. Ford, received counseling from "Mosaic family services". Her counselor Angela Shokani" 2014-2017 from December 3, 2014 to December 9, 2015 That is where she was able to recall all her childhood memories/nightmares of the events caused by Family Services. I see attached A, a brief statement.

This began in 1970-1971, but through my counseling I was able to remember her horrifying past therefore initiating this law suit.

This all began due to an employee at the Family Services in St Loise, Missouri.

I have been diagnosed with:

1. Extreme advanced Ulcerative Colitise.
2. Brain Damage.

Family Services of St. Loise Missouri, failed to oversee their employee's and not protecting the children, myself and my sister's and possible countless other children by not keeping accurate records and knowing where the children were or where they should be and definitely where and with whom the should not be with. They failed and I as a child was severely abused and tortured.

IV. Relief

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

I am asking for the total sum of \$10,000,000.00.

Do you claim the wrongs alleged in your complaint are continuing to occur now?

Yes ☐ No ☒

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒ No ☐

Do you claim punitive monetary damages?

Yes ☒ No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

The physical and mental damages are life long damages physical damages are unrepairable and the mental damages will take years (the rest of my life) to just be able to cope with the memories.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of JUNE, 20 20.

Signature of Plaintiff(s) _____

COLETTE JILL FORD